



REGISTRATION FORM

Annapolis Recreation and Parks
9 St. Mary's Street, Annapolis, MD 21401
(410) 263-7958

Fill in completely and sign where indicated. Please complete one form per person for each activity.
Please make checks payable to Annapolis Recreation and Parks.
The City of Annapolis charges \$15.00 for checks returned unpaid by your bank.

PLEASE PRINT

NAME OF REGISTRANT _____

AGE (UNDER 18) _____ DATE OF BIRTH (UNDER 18) _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

Do you live in the city limits of Annapolis and pay city taxes? YES ☐ NO ☐

DAY PHONE () _____ EVENING PHONE () _____

NAME OF PARENTS/GUARDIAN (UNDER 18) _____

EMERGENCY CONTACT AND PHONE NUMBER _____

ACTIVITY _____ (DAY) _____ (TIME) _____

Dance Class (Second Choice) _____ (DAY) _____ (TIME) _____

FOR CREDIT CARD PAYMENT MC ☐ VISA ☐

Card Number

Expiration Date on Card

As a voluntary participant in this and any other program of the City of Annapolis Department of Recreation and Parks, I/we recognize and acknowledge that there are certain risks of injury involved in any sport or recreational activity, and, with full knowledge of my/my child's physical capabilities or limitations, I agree to assume for myself/my child all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I and/or he/she may sustain as a result of participating in any and all activities connected with or associated with such programs. It is understood and agreed that Annapolis, its employees, and agents cannot be, and shall not be, responsible for any aggravation or injury caused as a result of a pre-existing disability, including but not limited to allergies. I understand and agree that I am responsible for notifying the City of Annapolis Department of Recreation and Parks of any such disabilities or sensitivities which I or my child may have in writing prior to enrolling in this program

In consideration of the City of Annapolis Department of Recreation and Parks accepting me or my child in the program, and with the intent to be legally bound, I hereby, for myself, my child, all heirs, executors, administrators and assigns, do hereby agree to forever release and discharge the City of Annapolis, its employees and agents against any liability incurred as a result of any injury or loss sustained during participation in the program, and further waive and relinquish all claims I and/or my child have or may have as a result of participating in this and all other programs of the City of Annapolis Department of Recreation and Parks. Furthermore, I promise not to sue the City of Annapolis, the City Department of Recreation and Parks and/or its officers, agents, servants, employees and insurers, for any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage to property, or any other loss to me on account of my participation in this and all other programs of the City of Annapolis Department of Recreation and Parks.

SIGNATURE OF PARENT/PARTICIPANT

DATE

OFFICE USE ONLY

REGISTRATION CONFIRMED AND FEE PAID: _____

PER: _____